

**CSO NHS Researcher Development Fellowship 2024**

**Chief Scientist Office, Scottish Government Health and Social Care Directorates**

**Confidentiality & Data Protection**: Please note that your application will be shared with the Panel and with third parties for the purposes of assessing the application and awarding the Fellowship. Summary details of successful awards may be placed on the CSO website. Please see the CSO Privacy Policy available on the CSO website, for further details.

**Section A: your details**

|  |  |
| --- | --- |
| Name: |  |
| Profession |  |
| Qualifications (including date of professional registration) |  |
| Contact Details | Work Address  Email |

**Section B: Current post(s) held**

|  |  |  |
| --- | --- | --- |
|  | **Post 1** | **Post 2 (if applicable)** |
| Job title: |  |  |
| Current salary band: |  |  |
| Employing organisation: |  |  |
| Department/  Service: |  |  |
| Start date in current post: |  |  |
| No. of contracted hours per week: |  |  |
| Is this a fixed  term contract?  If Yes, indicate contract end date: | **Yes / No**  dd/mm/yyyy | **Yes / No**  dd/mm/yyyy |

**Section C: Relevant experience to date**

1. Tell us about any formal research training/education you have undertaken (including as part of your undergraduate programme):

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of training** | **Start/end dates** | **Institution**  **(if applicable)** | **Qualification awarded**  **(if applicable)** |
|  |  |  |  |

1. Tells us about any other research, audit or quality improvement experience you have gained (e.g. participation in a study, practice learning activities, involvement in research activity in your ward/department, audits, reflective account, presenting locally):

|  |  |  |
| --- | --- | --- |
| **Describe activity** | **Start/end dates** | **Your role (e.g. data collection, part of team)** |
|  |  |  |

3. Tell us about any specific outputs of your research or project activity experience to date (e.g. dissertation (topic and type of dissertation), project reports, posters, articles

**Section D – Research Interest**

What type of Fellowship are you applying for -

Research Experience 🞏 -

**Please completer section E1** in conjunction with your identified group /mentor

Pre-Doctoral application 🞏

**Please complete section E2**

Explain your interest in undertaking this Fellowship?

What are your aspirations for your career over the next 10 years and how does this fellowship fit within that?

**Section E1 – Research Experience Fellowship Details**

|  |  |
| --- | --- |
| Mentor(s) |  |
| Institution & Department  Research Centre (if appropriate) |  |
| Research Project/Programme Title |  |
| Details of Research Project / Programme – *including funder, team members, methodology, stage of implementation* |  |
| Opportunities for candidate  *e.g. attending meetings; data collection; data management; analysis; ethics application; dissemination activities*  (bullet points) |  |
| Any other considerations or information for potential candidates? (e.g. potential links to other projects, networking opportunities, specific skills needed) |  |

**Section E2 – Pre Doctoral Fellowship Details**

Which PhD Fellowship/s do you intend to apply for?

Please outline your proposed research topic and the rationale for proposing this study

How would you plan to use the time allocated for your funded pre-doctoral award? *Please identify the type of activities you intend to undertake (e.g. literature review, networking, audit/analysis of existing data, specific training to support your application). Please include a rough timeline of activity leading up to the submission of the studentship application.*

How has your identified mentor agreed to help you with this fellowship?

**Section F: Support for Application (*to be completed by line manager)***

**Name & Role:**

**(*Declaration and signature are required in Section G*)**

1. How does this application for a researcher development Award fit with the candidate’s current role and their personal development plan for the next 12 months?

2. What arrangements are you able to make to honour the funded study leave required for this award? (13 days over a up to 12 month period). *It is recognised that although backfill funding will be awarded that it may not always be possible to source backfill)*

**Finance details**

Please state the amount required to support 13 days of funded study leave for the candidate.

Finance contact details

Cost Centre

**Section G: Declarations/Signatures**

1. **Applicant – by signing below I confirm that the details provided in this form are accurate.**

Name:

Signature:

Date:

1. **Line Manager – by signing below I confirm my support for this application and recognise the study leave commitment it will involve. I am aware that the funding provided by CSO is intended to cover backfill salary costs to my service and this will be paid to the board with the annual allocations. I am responsible for ensuring the agreed plan of study leave and support for the applicant is honoured.**

Name:

Signature:

Position/title:

Date:

1. **Professional Lead (Pharmacy Director/ AHP Director/ Associate Nurse Director/ Chief Nurse/Midwife)**

**By signing below I confirm my support for this application and recognise the study commitment it will involve.**

Name:

Signature:

Position/title:

Date:

**d Mentor**

**By signing below I confirm my support for this application and agreement to mentor the candidate through the Fellowship.**

Name:

Signature:

Position/title:

Date: